Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			14					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ 5 minus 20=		• 0			X\$ 9=		OR	X\$18=	~
INDEPENDENT CLAIMS			2 minus 3 =		• 0			X40=		OR	X80=	
MUI	TIPLE DEPENI	DENT CLAIM PI	RESENT					+135=	135	OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	"0" in column 2		TOTAL	490	OR	TOTAL	
	CI	LAIMS AS A (Column 1)	MENDED - PART II (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL	
_		CLAIMS	1		HEST	(Ooidiiiii o)	1 1	-	4001			ADDI
AMENDMENT A	-	REMAINING AFTER AMENDMENT	-	NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOW	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL AUL	=		. X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
·								TOTAL		OR	TOTAL ADDIT, FEE	
ř					ADDIT. FEE	<u> </u>		AUUII. FEE				
.=		(Column 1)	,		ımn 2)	(Column 3)	4					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	IT 61 411]= -	4	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										_		
AMENDMENT C	·	CLAIMS REMAINING AFTER AMENDMENT		NU: PREV	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	_	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDI				NT CLAIN	4 <u> </u>			 	┧ʹʹʹ		1
			Ab		-ita «O» in -	volumo 2		+135=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The # Hebent No.	mbor Proviously	oid For (Total	or Indone	ndent) is ti	he highest num	ber f	ound in the a	opropriate b	ox in c	xolumn 1.	

BEST AVAILABLE